



DELAWARE STARS REPORT and INVOICE ERS ASSESSMENT

Name of Assigned ERS Assessor _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

Fax _____

Name of program to visit _____

Address _____

City _____ State _____ Zip Code _____

County _____ E-mail _____

Telephone Number _____ Fax number _____

Name & title of program contact person _____

Program is pursuing Star Level _____

Conducted the following ERS assessment(s):

Program Type (circle one): Center Family Child Care Large Family Child Care

ERS Tool Used (circle all that apply): ITERS-R ECERS-R SACERS FCCERS-R

Date(s) assessment(s) conducted _____

Number of Classrooms Assessed*: _____

Check one: Program meets the ERS standards for the Star Level requested.
 Program does not meet ERS standards for the Star Level requested.

NOTE: Attach documentation that supports this assessment.

Printed name of ERS Assessor

Signature

Date

OFFICE USE ONLY

_____ Assessment visit completed; issue payment to ERS Assessor

Date check issued _____ Check # _____

* #of classrooms assessed _____ x \$200.00 = _____